

CLAIMS ONLY						Application Number 10506931		Filing Date				
						Applicant(s)						
						* May be used for additional claims or amendments						
						*	*	*	*			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
1	Indep	Depend	Indep	Depend	Indep	Depend	51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	1		1				65					
16		1		1			66					
17		1		1			67					
18		1		1			68					
19		1		1			69					
20		1		1			70					
21		1		1			71					
22		1		1			72					
23		1		1			73					
24		1		1			74					
25		1		1			75					
26		1		1			76					
27		1		1			77					
28		1		1			78					
29							79					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1		1				Total Indep					
Total Depend	13	13	13				Total Depend					
Total Claims	14	14	14				Total Claims					